Registered No. Village or City Jerrang & (No. St; Ward) a hose of sire of si	County Land	(51) STATE OF MARYLAN CERTIFICATE OF DE
PERSONAL AND STATISTICAL PARTICULARS SEX *COLOR OR RACE *MARILE, *MEDICAL CERTIFICATE OF DEATH **MARILE, *MOS. *MARILE, *State or country *MA *State the Disease Carsino Death, or, in deaths from Carsino, or Indicating the Carsino, or Indicating the Carsino, or National Carsino, o	County Science of the second o	Registered No.
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciftatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question CAUSING DEATH, state occupation, at beginning of illheen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as minc, etc. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcin-

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.:---Ward) a hospital or institution, give its NAME instead of sfreet and number.] PERSONAL AND STATISTICAL PARTICULARS MARRIEO, WIDOWED, OROIVARCEO OROIVARCEO 16 DATE OF DEATH 3 SEX 4 COLOR OR RAGE (Month) (Dav I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw h. alive on (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at... 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or parficular kind of work (b) General nature of industry, business, or establishment in (Duraflen) which employed (or employer) Contributory. BIRTHPLACE Secondary (State or country) 10 NAME OF FATH,ER PARENTS 11 BIRTHPLACE OF FATHER CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. ____ mos. ___ ds Where was disease contracted. MY KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL 18 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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ild state is very	PLACE OF DEATH 3977 County, Garrie	STATE OF MARYLAND CERTIFICATE OF DEATH
ECORD HYSICIANS SHOUT F OCCUPATION	Village or City Morth Glase (No	Registered No. 6 [If death occurred I a hospital or Institution give its NAME Instead of street and number.]
7 to	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BUREAU. V.S.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 166 If death occurred in St:.....Ward) a hospital or institution. RECORD give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIED, Married WIDOWED. RDIVORCED Write the word) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 7 AGE if LESS than and that death occurred on the date stated above, at ... f day,hrs. OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----(Secondary) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 50 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE ع At place OF MOTHER (State or country of death yrs. mos. ... State yrs. DEATH Where was disease contracted. If not at place of death?. ō Former or item 1 usual residence mportant. Every It OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR Oaklan If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

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state 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Daniel should ION Is OCCUPATION Registered No. 2 ccident [If death occurred in PHYSICIANS a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 5 SINGLE, MARRIEO, Mlarricel 4 COLOROR RACE MANI WIDOWED, (Month) ORDIVERCED. (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION: (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in (Duration) .vrs.mos... may which employed (or employer) Contributory -9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 80 11 BIRTHPLACE OF FATHER Z (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT ш QAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place OF MOTHER In the (State or country) of death yrs. mos. ds. State yrs. mos. ds DEATH Where was disease contracted. If not at place of death?... 5 Former or item OF usual residence. Every item CAUSE OF Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL m REGISTRAR ż if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting, V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

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ture of the American Medical Association.) cause of death approved hy Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the "Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of ... (name origin; "Candeath), 29 Examples: For VIOd8.;



Very CERTIFICATE OF DEATH 10 plnods OCCUPATION Registration Dist. No If death occurred in a hospital or institution. PHYSICIAN RECORD give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIEO, WIDOWEO. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH ciassified. alive on (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? properly ш 8 OCCUPATION (a) Trade, profession, or particular kind of work supplied. (b) General nature of industry, pe business, or establishment in may which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) carefully 10 NAME OF FATHER 20 ō MARGIN 11 BIRTHPLACE (Address) terms, ARENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain H is plain OF MOTHER formation 0. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State _____ yrs ____ mos ____ ds of info Where was disease contracted. If not at place of death? ... Former or CAUSE OF Important. S usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 80 REGISTRAR ż If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEAT

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None Servant, Cook, Housemaid, etc. If the occupation bas mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomencla scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreman septichae etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never repor nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) "Old Age," "Shock," 'Uraemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can death), 29 Cs. State cause for Examples: 01



N. B.

1 PLACE OF DEATH

County GARRETT 332 8 CERTIFICATE OF DEAT	ТН
	66
(No. , St; Ward) a hospite give lis	eath occurred al or institute NAME lostes l and nomber.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	A
(Menth) (Day)	, 1914 (Year)
April 12 1914	
(Month) (Day) (Year) If LESS than 1 day, hrs. yrs. mos. 5 ds. OR min, ? The CAUSE OF DEATH* was as follows:	m
(a) Trade, protession, or particular kind of work. (b) General nature of indestry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Maryland (Duration) Contributory (Secondary)	
10 NAME OF FATHER Chas. Maddigan (Signed) 7. 2. 3	10s. ds.
OF FATHER (State or country) Maryland -State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether Tal, Suicidal, or Homicidal.	VIOLENT ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or country) Maryland 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, OR RECENT RESIDENTS) At place Of deathyrs,m	TRANSIENTS.
Chas. Maddigan (Informant) Where was disease contracted, it not at place of death? Former or usual residence.	**************************************
(Address) Deer Park, Md. 19 PLACE OF BURIAL OR REMOVAL Apr. 18	
Filed 5/2 191 4 Nauland Apres 20 UNDERTAKER D. E. Bolden Uakland,	

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of iliheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEEPERAL peritonitis," etc. childbirth or miscarriage, as "Puraperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chranic cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of __ The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) _ (name origin; "Can death), 29 ds.; State cause for Examples For VIO-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN 7. B. No. 1.

PLACE OF BEATH	STATE OF MARYLAND
County Yacces	CERTIFICATE OF DEATH
3.11 P	Registered No. 166
Village or City Kare / 201 (No	St; Ward) [lt death occorred in a hospital or institution
FULL NAME Galey Margue	give Its NAME lostes of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Researce Lobies - Single, MARRIED, WIDOWED, WIDOWED, WITHOUTH THE WORD	16 DATE OF DEATH (Month) (Day) (Year) 17 [HEREBY CERTIFY, That I attended decreased from
6 DATE OF BIRTH (Month) (Day) (Tear)	that I last saw have alive on the first saw have alive on
7 A G E If LESS than 1 day, 6 hrs. yrs. mos. ds. OR. min. ?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry.	premela buch
business, or establishment in which employed (or employer)	Contributory(Secondary)
10 NAME OF James Lawren Maryini	(Signed) (Deration) yrs mos ds. (Signed) , M. D.
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) A True To The Best of MY KNOWLEDGE	Where was disease contracted, it not at place of death? Former or usual residence
6 1 1 1 2 1 8	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Office 10, 191
	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and ebildren, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgcause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convuisions," "Debility" ("Con-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report Examples: For vio-



V. S. No. 1.

1 PLACE OF DEATH 3982	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County & DANIA	162
n.	Registration Dist, No.
Village or City Transwille (No, _	St.;—Ward) [If death occurred in a hospital or institution,
1,	give its NAME instead of street and number.]
FULL NAME Aringunde V	Thirty assor
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
WIDOWED (Manne)	(Month) (Day (Year)
Female While (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Wrif 74, 1914 to afrif 30 17 1916.
(Month) (Day (Year)	that I last saw h Mallve on Melrif 30 1 1914
⁷ AGE If LESS than	and that death occurred on the date stated above, at 5.30 h.m.
5 6 yrs 2 mos 19 ds OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	- D.f. J.A.
(a) Trado, profession, or four servife	crissal Nemorrhage, Mofter
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Gontributory
(State or country)	
10 NAME OF / / / /	(Doration) yrs mos ds.
T. E. Sekwark	(Signed) / f. Journey, M. D.
OF FATHER	May 1st, 1914. (Address) Shautswill My
State or country) Leman	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
OF FATHER (State or country) M 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
a anna Refer	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the
	of death yrs mos ds. State yrs mos ds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Interment) (Interment)	Former or usual residence
We sight med por	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) A Con Dlyff + HAF 18 N 3	
	20 UNDERTAKER ADDRESS
Filed, 191	Augus Col To
REGISTRAR	W - XI I I I I DA . WA . I SU A . I SU . Pla (V

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BUREAU. V.S.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [It death occurred toWard) a hospital or institution. RECORD give its NAME lostesd of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIEO. MAN WIDOWED! (Month) (Day) Write the word) 17 I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 8, 40 4 1 day, hrs. The CAUSE OF DEATH * was OR 7 BOCCUPATION AGE proper (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory... BIRTHPLACE (Secondary) (State or country 10 NAME OF FATHER 2 0 11 BIRTHPLACE terms, ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place OF MOTHER io the (State or country ot death ____ yrs. ... mos. EATH Where was disease contracted. It not at place of death?.. 0 Former or POF usual residence mportan CAUSE DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ARGIN

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scheis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railroay train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cbildbirth or miscarriage, as "Purperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Marasoma. Sarcoma. etc., of _ mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement, of (secondary or intercurrent) "Dropsy," "Exhaustion, (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BUREAU, V.S.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certilicate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

N. B.

PLACE OF DEATH 3984	STATE OF MARYLAND
county Sarrett	CA CERTIFICATE OF DEATH,
County	Registration Dist. No. 165
The state of the s	
Village or City Wan Sang Muss,	St.; Ward) [If death occurred in a hospital or Institution,
ω	give its NAME Instead of street and number.]
FULL NAME WMM	reckora
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLO OR RACE 5 SINGLE,	16 DATE OF DEATH Abril 9
male white wind married or bivorest (Write the word)	(Month) (Day (Year)
S DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Janua 5 1879	, 191, to, J91,,
fonth) (Day (Year)	that I last saw halive on, [9]
7 AGE	and that death occurred on the date stated above, atm
33 yrs 3 mos, 4 ds OR min. ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION ()	0, 11
(a) Trade, profession, or Common Labour	x10 grysican m
(b) General nature of industry,	all a clause
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds
9 BIRTHPLACE (State or country)	Contributory
17101.	(Ouration)yrsmosds
10 NAME OF AMAS, Rechand	(Signed) N. H. Castel Reg. M.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	, 191 (Address) Aryls
(State or country) W. Va.	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
of Mother Imaged Catal	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the of death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Mrs. Simon Reckord	Former or
do B. md	usual residence
(Address) Ong Cum, 110.	Sana Run Md. Care of Burial
11. 12 W y JI Cot	20 UNDESTAKER / ADDRESS
Filed Yev, 191 4 1. 19, (Well REGISTERAR	& Samo Francisco
	trar, 6 E. Franklin St., Pato., Requesting V. S. No. 1.

md.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Antomobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feper tithe only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) by carbolic acid-probably suicide. The nature of the cte., when a definite discase can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head Never report

certificate.

Instructions

PLACE OF DEATH 3985 STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [It death occurred in St: Ward) a hospital or Institution, give its NAME instead of street and number. 7 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at f day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) (Secondary) LO NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 18 BIRTHPLACE At place OF MOTHER (State or country In the of death yrs. mos. State _____ yrs. ___ mos. Where was disease contracted. If not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, Farmer or Planter, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pncumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Ileart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms) : Measles; Whooping cough; Chronio oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:



S. No.

N. B.

PLACE OF DEATH 3986 County Howald Mid	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 165
Village or City mak Me Henry (No. Med.)	St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Thirte (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (MCA 1914, to Off. 1914.
(Month) (Day) (Year)	that I last saw half alive on John 5 1914
7 AGE If LESS than t day,hrs.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Lobukar Puemonia
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Jarrett Male State or country)	Contributory (Duration) yts. mos 19 ds. (Secondary) (Duration) yts. mos ds
of Father Sines	(Signed) C. L. W. Suyder, M. D. C. S. 1914 (Address) (ccellet MI)
OFFATHER (State or country) Gallet III	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT QAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Application and	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA) At place In the of death yrs, mas. ds. State yrs, mos, ds Where was disease contracted,
(Informant)	It not at place of death? Former or usual residence
16 Filed April + 1914 N. H. Castul REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKEN ADDRESS ADDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

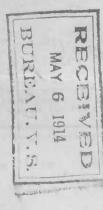
MA

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as mine, etc. cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipality of the control of

cause of death approved by Committee on Nomencla "Contributory." which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerpheal scotichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." genltal," ture of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of haad-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUST and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "Traemla," "Weakness," (name origin; "Can-State cause for Examples: 2



3	County Tarres	CERTIFICATE OF DEATH Registered No. /66
OCCUPAT	Village or City Rear Mit Low Pary No	St; Ward) [If death occ a hospital er in give its NAME of street and nu
T of H	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
in the	REX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH Agric 3 (Month) (Day) (You
49	DATE OF BIRTH aug 30 ,1833	17 I HEREBY CERTIFY, That I attended deceased 191 , to 19
on pinous	(Month) (Day) (Year) AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
It may be properties.	CCCUPATION (a) Trade, profession, or particular kind of work	Contributory (Secondary)
on back of	OF FATHER (State or country)	(Signed)
struction	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSION RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos,
Tabortant: See	(Informant) Sm. A. Calhanna Pass Sm. L. Rane Pass Sm.	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLASE OF BURIAL OR REMOVAL DATE OF BURIAL
15		White Church Centery africe 5, 18 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 5 1914

BUREAU, V.S.

STATE OF MARYLAND

PLACE OF DEATH

Very

Ording.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. -Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfuimaterial worked on may form part of the second (a) Spinner, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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MAR 5 1914
BURBAU, V.S.

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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County A.A... Registration Dist. No. [If death occurred in St.:....Ward) a hospital or institution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, Star Q 3 SEX 4 COLOR OR RACE MARRIEO, WIDDWED, (Month) (Day) ORDIVDRCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Day) (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at..... 1 day,hrs. The CAUSE OF DEATH * was as follows: OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER ., 1914 (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs, Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

RECISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

original

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust y; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc.. Carcinlosis

cause of death approved by Committee on Nomencla Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Pureperal scottchae cause. Always qualify all diseases resulting from mus," "Old Age," "Shock." genital," "Senile," etc.), "Dropsy," "Exhaustion," "A sart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of "Contributory." is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Traemia," "Weakness," (name origin; "Can Examples:



1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. Ilf death occorred in St:Ward) a hospital or lestitution. RECORD give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH SEY 4 COLOR OR RACE MARRIED WIDOWED. (Menth) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 (Month) (Dav) TAGE If LESS than and that death occurred on the date stated above, at & t dayhrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Doration)yrs....yrs.... may which employed (or employer) ----certificate. 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF 0 11 BIRTHPLACE terms. ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In. deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) = At place OF MOTHER (State or country In the of death _____ yrs. mos. ... DEATH State _____ yrs, ____ mos. Where was disease contracted. If not at place of death? jo Former or (Informant) Item OF usual residence CAUSE OF DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of _______ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal scptichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Con mere symptoms or terminal conditions, such as "As Brenchopneumonia (secondary), 10 ds. Never report scpsis, tctanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., The contributory (secondary or intercurrent) Always qualify ail diseases resulting from (Recommendations on statement of State cause for

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MAY 5 1914
BUREAU. V.S.

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PLACE OF DEATH

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The CAUSE OF BEATH * W

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STATE OF MARYI AND CERTI

CERTIFICATE OF DEATH
Registered No. 166
St; Ward) [It death occurred is a hospital or institution give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
OBDATE OF DEATH april 101 1914
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from
mar 10, 1914, to april 1, 1914.
nat I last saw he alive on Office 14, 191 of
nd that death occurred on the date atated above, st 60 m,
he CAUSE OF DEATH* was as follows:
Johnse faccourses of -
ale on for thee Spore
(Doration) yrs / mos ds.
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igned) M. C. Proadwates M. O.
efril 3, 1914 (Address) Oanland med
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
t place In the death yrs. mos. of ds. State yrs. mos. ds.
here was disease contracted, not at place of death?
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PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

19 PLACE OF BURIAL

18 LENGTH OF RESIDENCE OR RECENT RESIDENTS)

of death _____ yrs. ___ mos. ___ Where was disease contracted.

20 UNDERTAKER

If not at place of death?

At place

Former or

usual residence.

ADDRESS

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REGISTRAR

[Approved by U. S. Census and American Public Health
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